KEY IMPLEMENTATION AND SERVICE DELIVERY FINDINGS FROM OREGON’S HEALTHY START PROGRAM 2007–2008

Healthy Start is Oregon’s largest child abuse prevention program, providing screening and referral services to 9,897 families and evidence-based intensive home visiting for 3,235 of Oregon’s most at-risk families in fiscal year 2007-08. Healthy Start became a nationally accredited Healthy Families America program in June 2007. Healthy Start demonstrates positive outcomes for Oregon’s highest risk families, including reducing rates of child maltreatment and increasing children’s readiness for school.

Below is a summary of key service delivery and program implementation information for Healthy Start for FY 2007-08. To view the complete FY 2007-08 reports please go to www.oregon.gov/OCCF.

THE NEED IS GREAT, YET SERVICE CAPACITY REMAINS A BARRIER

- While screening rates have increased over the past several years, only about half (49%) of all first births are screened for risk statewide.

- Even with only about half of potentially eligible families screened, the need for Healthy Start Intensive Home Visiting Services is great: At least 627 eligible, high-risk families were unable to be enrolled in Intensive Services due to program capacity limitations and full caseloads.

IDENTIFICATION & SCREENING

- Healthy Start screened more first-birth families than any previous year: 9,897 first-birth families were screened using the research-based “New Baby Questionnaire.”

- 89% of screening took place prenatally or within 2 weeks of the baby’s birth, allowing families to get services early and exceeding national Healthy Families America (HFA) standards (80%).

- Only 7% of families contacted declined to participate in screening.

TARGETING HIGH-RISK FAMILIES

- With limited resources, programs appear to be targeting screening efforts towards families with greater demographic risk than Oregon’s general population (Oregon Vital Statistics, 2007):

  o 53% of those screened were single mothers, compared to only 35% in Oregon’s general population

  o 9% of those screened were teen mothers, compared to only 3% in the general population

  o 23% of mothers aged 18 or older had less than a high school education, compared to 20% in the general population.
Families who then go on to receive Intensive Services are even higher risk. Intensive Service families were significantly more likely than those who received screening and referral only to be at high social risk for poor childhood outcomes.

Among Healthy Start Intensive Home Visiting Service families:
- 75% of mothers are single parents
- 18% of mothers are teen parents (less than 17 years of age)
- 44% of mothers have less than a high school education
- 42% of mothers reported symptoms of depression
- 68% of parents grew up with at least one parent who had problems with substance abuse, mental health issues, and/or criminal involvement.
- 79% of parents grew up in homes that lacked positive nurturing and included some degree of abuse or neglect.

More families were offered Intensive Home Visiting Services in 2007-2008 than ever before (3,137 families vs. 2,706 families in FY 2006-07 vs. 1,175 families in FY 2005-06). At the same time, a larger number of families declined home visiting services (51%). Importantly, parents who declined to participate were significantly lower risk compared to those who accepted home visiting, suggesting Healthy Start continues to successfully engage families most in need of services.

HEALTHY START RECEIVES HEALTHY FAMILIES AMERICA ACCREDITATION

Oregon’s Healthy Start program was accredited by Healthy Families America (HFA) as a multi-site state system in June 2007. This accreditation was a result of over two years of work by state staff and local programs to ensure that all programs were providing home visiting services consistent with the evidence-based HFA model. The HFA model has been listed as a “promising practice” on the RAND Best Practices website (www.promisingpractices.net) based on the results of recent research on accredited HFA programs in the state of New York.

Results of the 2007-08 evaluation show Oregon’s Healthy Start program to be in compliance with 8 out of 10 of the HFA standards that are tracked through the statewide evaluation, including:

- Early screening and identification of potential participants
- Monitoring acceptance and retention rates regularly
- Early engagement of families in home visits
- Identification and referral of children with suspected or identified developmental delays
- Ensuring children have a medical care provider
- Ensuring children have on-time immunizations
- Ensuring families are connected with resources
- Providing a regular mechanism for families to provide input and feedback to the program

Two standards were not met at the state level. First, HFA requires that the program offer services to at least 75% of eligible parents; budget constraints make this extremely difficult for Healthy Start, which defines all first-birth families as potentially “eligible.” Second, 72% of all Healthy Start parents received at least 75% of their expected home visits, coming close to, but not quite meeting, the HFA standard of 75% of all parents.